

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

See Instructions and "Privacy
Statement On Reverse Side"

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STD 262 (REV 6/93) (DHS Electronic)

CLAIMANT'S NAME

John C. Duncan

SSAN OR EMPLOYEE NUMBER

DEPARTMENT

Industrial Relations

POSITION

CBAD NUMBER

DIVISION OR BUREAU

INDEX NUMBER

Director's Office

HEADQUARTERS ADDRESS

TELEPHONE NUMBER

455 Golden Gate Avenue, 10th Fl.

STATE
CACITY
San Francisco,STATE
CAZIP CODE
94102

(1) MONTH/YEAR		(3)	(4)	(5) - MEALS			(6)	(7) TRANSPORTATION				(8)	(9)	
6	2009	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L.T, N.C. OR DINNER	INCIDENTALS	(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE TOLLS PARKING	(D) PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
(2) DATE	TIME										MILES	AMOUNT		
1	0700	Tiburon to Sacramento;								P	20.00			
	1900	return								T	4.00	184	101.20	125.20
2	0700	Tiburon to Sacramento;								P	20.00			
	1900	return								T	4.00	184	101.20	125.20
4	0700	Tiburon to Sacramento;								P	20.00			
	1900	return								T	4.00	184	101.20	125.20
10	0700	Tiburon to Sacramento;								P	20.00			
	1900	return								T	4.00	184	101.20	125.20
16	0700	Tiburon to Sacramento;								P	20.00			
	1900	return								T	4.00	184	101.20	125.20
17	0700	Tiburon to Sacramento;								P	10.00			
	1900	return								T	4.00	184	101.20	115.20
18	0930	San Francisco to Oakland;								P	25.00			
	1730	return								T	4.00	30	16.50	45.50
22	0700	Tiburon to Sacramento;								P	24.50			
	1900	return								T	4.00	184	101.20	129.70
23	0700	Tiburon to Sacramento;								P	12.00			
	1900	return								T	4.00	184	101.20	117.20
25	0700	Tiburon to Sacramento;								P	31.00			
	1900	return								T	4.00	184	101.20	136.20
30	0700	Tiburon to Sacramento;								P	12.00			
	1900	return								T	4.00	184	101.20	117.20
(10) SUBTOTALS											258.50	1870	1028.50	1287.00
COLUMN CODE (ACCTG USE ONLY)														
CLAIM TOTAL												1870		\$1,287.00

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)

6/1: Mtgs. in Sacramento; worked from DIR Sacramento office; 6/2: Mtgs. in Sacramento/LWDA; worked from DIR Sacramento office; 6/4: mtgs. in Sacramento; worked from DIR Sacramento office; 6/10: Mtgs. at the State Capitol; worked from DIR Sacramento office; 6/16: Mtg. at LWDA; worked from DIR Sacramento office; 6/17: Mtgs. in Sacramento; worked from DIR Sacramento office; 6/18: OSHA Standards Board meeting in Oakland; 6/22: worked from DIR Sacramento office; 6/23: Mtg. in Sacramento; worked from Sacramento office; 6/25: Mtg. in Sacramento; worked from DIR Sacramento office; 6/30: worked from DIR Sacramento office.

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

\$0.550

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NO.

(15) I HEREBY CERTIFY That the above statement is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seal belt.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE, OFFICER APPROVING TRAVEL & PAYMENT

DATE

(17) SPECIAL EXPENSES (NON-TRIP) SIGNATURES (ATTACH RECEIPTS)

DATE